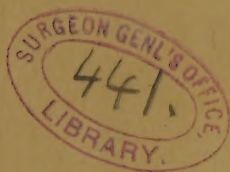
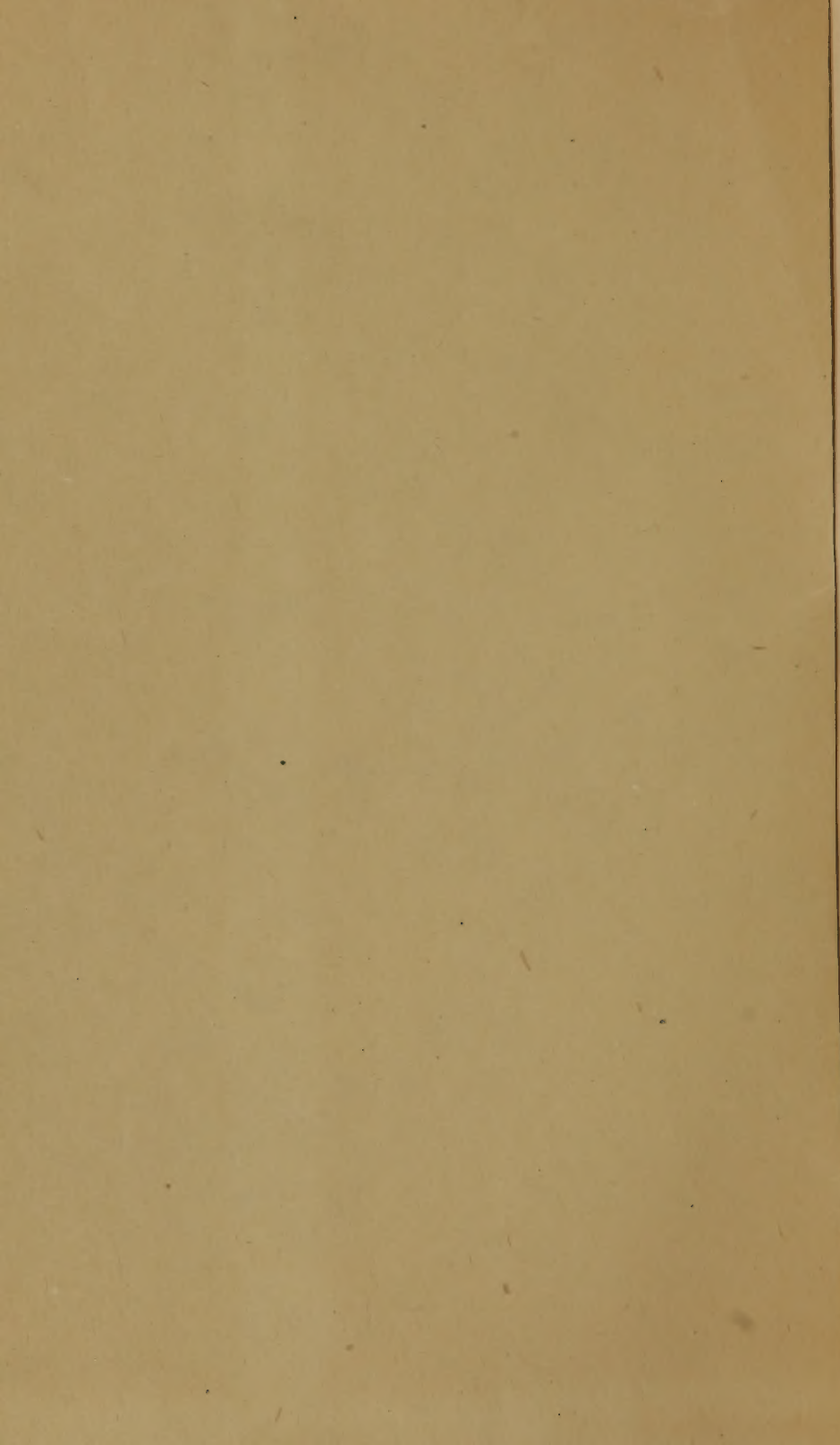


MANSON (O.F.)

pneumonia cut short.





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SELECTED PAPERS.

PNEUMONIA CUT SHORT.

By OTIS F. MANSON, M. D., formerly of North Carolina.

"La médecine ne s'enrichit que par les faits ; fournir de nouveaux faits, ce serait donc fournir de nouvelles lumières."

Breussais.

Having given to the profession of Virginia and North Carolina a series of articles on the most important forms of malarial diseases, as they have appeared under my observation for the past seventeen years, I offer, in addition, a few brief histories of the most important cases of each of these varieties, in order more clearly to define their features, illustrate their nature, and to indicate the modifications of treatment which circumstances may require. I regret that I cannot at present give the appearance after death, it being my design at some future time to supply this deficiency: but it is hoped that this temporary omission may be forgiven, if in lieu of it I shall be able to transcribe correct representations of the phenomena presented during life, and to direct attention to a plan of treatment which I regard as possessing prominent claims to investigation.

The form of pneumonia of which the following cases are examples, is, in my opinion, that which has been endemic in the Southern States from the remotest period of which we have any medical record down to the present day. Originally passing under the various designations of bilious pleurisy, heal pleurisy, winter fever, lung fever, and many others, until the developments in morbid anatomy having demonstrated the fact that the majority of cases termed pleuratic were really affections of the lung parenchyma (the inflammation of the pleural membrane being circumscribed and comparatively unimportant,) the term pleurisy and its adjuncts gradually fell into disuse. Unhappily, however, in importing the morbid anatomy of the disease, we not only copied the views of its pathology based thereon—not only committed the fatal error of imitating the English and continental methods of treatment—but the vital history of the malady also passed away. As erroneous views had been formed of its organic changes, it was thought necessary to discard the past records of the rational symptoms, and at one fell swoop, the accumulated observations of years, in regard to its course, nature, peculiarities, complications, duration, terminations and treatment, were swept into oblivion, and a system of therapeutics, guided by physical signs, and based on death-house revelations, was erected in their stead. Alas for humanity—for science—that this was and is. The lancet, has in consequence, shed the blood of thousands; antimony has paralysed the already feebly-resisting vital force of its myriad victims: and the southern physician, now groping darkly in the labyrinth of conflicting doctrines, now vibrating between the teachings of authority and the sterner teachings of the bedside, has finally too often been condemned to hopeless inactivity, and suffered the destroyer to pursue his ruthless course unmolested. To-day, from the loftiest pinnacle

URGENT GEN'L'S OFFICE

of modern science, the genius of medicine replies with melancholy wail to the agonizing cry of the old Roman of the seventeenth century :

O! quantum difficile est curare morbus pulmonum !
O! quanto difficilior eosdem cognoscere !*

Let us then retrace our steps. Let us exhume from the buried past the treasures laid up by those who have gone before us. Let us shake off the dust in which time has enveloped those precious tomes, too long despised and neglected—and with the lights of past ages to guide our steps, let us again go forward, ignoring no additional sources of information, examining every fact presented to us, whether developed by the scalpel, the stethoscope, the crucible or the lens, but holding all in subjection to the tribunal of that “noble and most sovereign reason,” with which we are munificently endowed.

In order that the following cases may be more clearly understood, I must beg the reader to refer to my papers on Malarial Pneumonia, in the ninth volume, and on Remittent Fever, in the fourth volume of this journal.

CASE I.—Miss——, aged 13, delicately formed, dark hair, fair skin, good complexion, has been sick five days. Her attack was ushered in by a chill, followed by well developed fever, headache, constant nausea and frequent vomiting of the gastric secretions, tinged with bile. On the third day the pleuritic pain and cough first appeared, and on the next (the fourth,) copious ferruginous expectoration ensued. Owing to the excessive gastric irritability, but little medicine has been taken, save a few minute doses of calomel; and on yesterday, during a temporary cessation of nausea, small doses of tartar emetic were given, but soon necessarily abandoned. Her bowels have acted moderately, but the fluidity of the discharges evince a tendency to diarrhœa. Her fever has remitted every morning, and the evening exacerbations have been marked. She has not slept, save a few moments, since the commencement of her illness. The coolness of the extremities, usually present in the morning in this disease, has not been observed by the attendant.

PRESENT CONDITION, FIFTH DAY of the ATTACK.—Intense pleuritic pain in the left side; *large crepitation* in upper lobe of left lung; dullness and absence of respiratory murmur or râle from the fourth rib to base, anteriorly; universal dullness, left posteriorly; right lung free and resonant throughout, with exaggerated respiration (puerile); copious rusty sputa; respiration frequent, irregular and painful; has been sleepless the whole of the past night; nausea continues, but vomiting not so frequent; pulse 128, quiet and full, but not hard: tongue covered with thick ash-colored fur, inclined to be dry, pointed and red at the extremity; skin hot and intense headache; eyes injected and cheeks flushed. In this condition, at 7 o'clock in the morning, I gave her 10 grains of sulphate of quinine in a capsule of lichen;† and at 10½ A. M., the pulse being reduced only 10 beats, I gave six grains more. At 11½ A. M., she fell asleep under its influence, the pulse continuing to fall until midnight

*Baglivi, Opera Omnia Med. Prat. (De Pleuritide) 34.

†These little French inventions (furnished me by my friends, Messrs. Purcell, Ladd & Co., of Richmond, who keep everything which is novel as well as pure in their line,) will be found very useful in giving quinine in cases attended with gastric irritability. Grind the crystals finely in a mortar; make into a pilular mass with syrup of gum-arabic, and place in the capsule; one of which will hold 10 grains of the sulphate thus prepared.

when she became free from fever, pain and every uncomfortable symptom. We append a table, which will give at a glance the result:

Patient—Female, age 13 years:

7	o'clock A M.,	pulse 128.	R	10 grs. sulph. quinine.
10½	"	"	R	6 grs. "
11½	"	"	118.	Now sleeping quietly.
5	"	P. M.,	108.	Perspiring; sleeping.
6	"	"	104.	" skin pleasant.
7½	"	"	100.	"
10½	"	"	94.	"
Midnight.	"	88.	"	no fever.

Remarks:—It will be seen that under the influence of 16 grains of quinine in a patient 13 years of age, on the fifth day of her illness, this case of perfectly developed pneumonia was arrested in 17 hours. No medicine was given afterwards. There was no return of pain. The expectoration lost its sanguineous character entirely in 36 hours afterwards, and the patient steadily convalesced, without an untoward symptom, without bleeding, local or general, blistering, antimony or mercury.

It may be here enquired, why I did not administer some expectorant? I reply, that, guided by the views I entertain of the pathology of this disease, as it presents itself to me, that it is not primarily a phlegmasia, but a fever; a disease of the general system; the affections of the lung being only a local determination, produced by the predisposing tendencies of the season, I therefore awaited confidently the disappearance of the local symptoms arising from congestion of the vessels of the liver, stomach and bowels (as evinced by the nausea, vomiting of bile and tendency to diarrhoea), and last in the order of its occurrence, of the lungs. Had this, however, not promptly occurred, there was nothing in the foregoing treatment which would have interfered with the use of remedies addressed to the local symptoms; but on the contrary, the arterial system was now placed in the most favorable condition to facilitate their action.

I wish to draw particular attention to the production of *sleep* in this case. I do not think that it is generally known that quinine possesses *narcotic* properties. Of this fact its action in many cases in different diseases several years since fully convinced me. I will here only allude to cases from my note book, in which it promptly induced sleep in delirium tremens, hysterical convulsions, and in fever, where large doses of opium had failed to produce any impressions. I wish also to call attention to the sudden disappearance of the pleuritic pain in this case. This is a very common result in this treatment. It has often occurred to me to witness the speedy removal of this intolerable agony in a short space of time, after every other means had failed, viz: blood letting, local and general, blisters, fomentations, mercury, antimony and opium. This property alone should entitle the remedy to our highest appreciation. I regret that the number of respirations were not noted in this case. I distinctly remember that the breathing was very rapid. In the next case, however, the effect of treatment on the respiration and physical signs will be more distinctly perceived.

CASE II.—Allen, a young man, aged 21 years, a carpenter, hardy, robust, florid complexion, dark hair and eyes, has been unwell for three days; thinks he has had chills; knows that he has been feverish, with headache, loss of appetite, and a slight cough; has nevertheless kept at

work until evening before the last, when he was seized with pain in the side and severe cough.

PRESENT CONDITION, NOVEMBER 30. 5 O'CLOCK, P. M.—Intense pain in left side; irregular breathing; respiration 38; cough very painful; copious bloody sputa; intense headache; eyes injected; face suffused with a deep-red glow; tongue heavily coated with a dirty-white fur, and inclined to be dry; mouth glutinous, with brown incrustations on his lips and gums; pulse 120, of moderate volume and force; skin hot, but slightly moist; bowels quiet. Physical signs: Marked dullness in left side posteriorly from base to apex of lung; *bruit de taffetas* (Grisolle) between scapulæ, very distinct; anteriorly, circumscribed crepitant râle below clavicle; *right side free*. Prescribed: At 9 o'clock to-night he is to take 20 grains of calomel, which is to be followed at midnight by 20 grains of sulphate of quinine in a wineglassful of water, and at 4 o'clock in the morning 10 grains of quinine in the same manner; warm poultices to the left side. I could not stay with this patient as I desired.

Dec. 1st, 10 A. M.—I find the patient much improved; calomel has operated three times: pulse reduced to 100; respirations 28; cough rare and slight; pain much less; breathing more regular and skin moist and warm; slightly deaf from the quinine. Prescribed calomel, 1 grain; ipecac, $\frac{1}{2}$ grain, every two hours until six doses are taken.

Afternoon, 5 o'clock.—Head entirely relieved; sputa more liquid and less bloody; pulse 100; respirations 24; pain very slight; coughs very seldom. Prescribed: At 9 o'clock to-night he will take 10 grains of calomel and one grain of ipecac, and at 3 o'clock in the morning 16 grains of sulphate of quinine. Continue warm poultices.

Dec. 2d, 1 o'clock P. M. (could not get to the patient earlier.) Pain in the side and cough have nearly disappeared; pulse 78; respirations 20; skin soft and moist, without febrile warmth; has had five or six dark, bilious evacuations in the night. No medicine prescribed; continue cataplasms; diet, tea and bread; has refused all nourishment heretofore.

Dec. 3d, 4 P. M.—Pulse 62; respiration 18; skin natural; bowels quiet. Chest fully examined. Right side free; very slight dullness posteriorly and inferiorly over lower lobe left lung; *ronchus crepitans redux* from thence to apex; cough very slight; mucous expectorations; no pains; tongue cleaning. Diet, buttermilk and cornbread (which he prefers).

Dec. 4th, 10 A. M.—Imprudently sat up yesterday evening, his house being an open, damp log cabin—probably, in consequence of which, I do not find him so well to-day. Tongue inclined to be dry, and rather florid at the tip and edges. His pulse, which is 72, does not denote fever, but he complains of *soreness* of the left side and of the throat, and there is some flushing of his cheeks and warmth about his forehead. Prescribed calomel, 1 grain every two hours until his bowels are gently moved, and a blister to the left side for security.

Dec. 5th, 3 P. M.—Comfortable; little or no cough; blister has drawn well: appetite returning; pulse and respiration natural. Discharged.

We append a table showing the result:

Patient—Male, aged 21:

Nov. 30,	5 o'clock P. M.,	pulse 120,	resp. 38.	
"	9 "	" "	120,	" 38. R 20 grs. quinine.
Dec. 1,	4 " A. M.,	" "	120,	" R 10 grs. quinine.
"	10 " "	" "	100,	" 28.
"	5 " P. M.,	" "	100,	" 24.
Dec. 2.	3 " A. M.,	" "	100,	" R 16 grs. quinine.
"	1 " P. M.,	" "	78,	" 20,
Dec. 3.	4 " "	" "	62,	" 18.
Dec. 4.	10 " A. M.,	" "	72,	" 18.

The fact worthy of note in this case, is the prolonged and steadily increasing sedative action of quinine on the heart for 36 hours after the last dose was given, viz: At 3 o'clock in the morning 16 grains of quinine were given, which reduced the pulse to 78 in 10 hours, and still continue to manifest its influence for 27 hours longer, finally reduced it to 62 beats per minute, after which it gradually arose to the normal standard. This effect, known to me for many years, has not, however, escaped the scrutiny of Briquet.* He did not, however, observe it in pneumonia, as concerning the effect of quinine in that disease he had no experience I will close this paper, by relating an interesting case, to which I may hereafter revert as illustrative of the nature of this disease.

CASE III.—Lee, age seven years, a little son of C. H. K. Taylor, Esq., the senator from Granville, was seized with a chill at school on the morning of November 2d, followed by active fever, headache, nausea, vomiting, and pleuritic pain in the left side; has been delirious and extremely restless on the evening of the second and third—the delirium commencing about noon and increasing in violence until late in the night when it has gradually subsided (without, however, terminating in sleep); so that he has been apparently rational on the mornings of each of those days. I saw him first on the morning of the fourth, at 10 o'clock.

Condition.—Extreme restlessness; pulse 142, of moderate fullness and compressible; respiration painful, very frequent and irregular; expectoration bloody and very copious, but not viscid; skin hot, tongue dry, heavily coated, pointed and red at the extremity and edges; constant nausea, thirst and frequent vomiting; bowels inclined to be loose; complains violently of headache and pain in the left side; seems to be rational. Physical signs: General dulness in left side, posteriorly, but not entirely flat: anteriorly, dulness over lower half of lung, and absence of murmur over the whole space; deficient in resonance; above this line *crepitation* with *large bubbles*; right side free.

This, it will be perceived, is a well marked case, the pathognomonic sputa being as abundant as is usually seen in an adult. I will here remark, that this is the youngest patient in whom I have witnessed this peculiar expectoration. The auscultatory signs were well marked, unless the absence of the *primary crepitant rhonchus* be considered as rendering the diagnosis incomplete. Of this more hereafter. I prescribed for this little patient minute doses of calomel every half hour, to be taken throughout the day and night; ice to eat; lime-water and milk; sinapisms, followed by bran poultices to the side,

Nov. 5th, 11 A. M.—The delirium came on again yesterday, and con-

*Il est assez souvent arrive que l'influence sur la circulation a persiste plusieurs jours apres la cessation du medicament et dans bien des cas les malades sont sortis de l'hopital avec un pouls au-dessous du type physiologique. *Traite Therapeutique du Quinquina*, Paris, deuxieme ed. 1855.

tinned until this morning, but he now again appears to be rational. Has retained very little medicine. Condition similar to that presented yesterday. I would not remove the warm poultices to auscult the chest. I now resolved to give the veratrum viride a trial, and directed two drops of Norwood's tincture every three hours until his pulse should fall to 80. At the third dose it fell below 60, attended with general coldness of the surface, and its peculiar alarming symptoms of prostration. The medicine was, of course, discontinued and some weak toddy given and warm applications made; after which he gradually rallied. The delirium, however, reappeared in the evening, and continued as before.

Nov. 6.—Condition unimproved; diarrhœa, but not excessive; stomach revolts at everything. Prescribed sinapisms to epigastrium; continues poultices. Delirium recurs again to-day.

Nov. 7—Condition unaltered.

Nov. 8.—I regard the case to-day as critical in the extreme. The delirium though milder this morning, has *not perfectly intermitted*. The pulse is very quick, and the patient very restless. The expectoration is more viscid, less copious, and excreted with more difficulty. The respiration is very frequent, irregular and interrupted. *His stomach, however, seems to be more tranquil*. This morning at 11 o'clock I observed a marked coolness of his feet and hands for the first time, but his head is hot, and the rest of the surface of febrile warmth; his tongue is dry, heavily coated with a brown fur, pointed and very red at the tip and edges.

Reader this boy will die unless the disease is arrested. He is nearly exhausted from want of sleep alone, having slept a few moments only since his illness began. I resolved in spite of the gastric irritability,* to give quinine, and accordingly prescribed six grs. to be taken at midnight and three grs. at four o'clock in the morning—each dose to be suspended in a wineglassful of coffee. The case has now assumed a fearful interest to me. It seemed almost idle to hope that his stomach would retain the medicine, but fortunately both doses were retained. I was compelled to leave him before the effects of the remedy were fully manifested, but his grandfather, Dr. Thos. Field, of Mecklenburg, Va., was with him during the time. Under its operation his pulse came down; he fell asleep soundly for several hours; his breathing became tranquil; the pain in the head and chest disappeared; and on my return in the evening at 5 o'clock, I found his pulse 90, the patient quietly sleeping, and almost entirely free from fever. On the next morning a dose of six grains of quinine was given; and from this time he steadily convalesced, without the intervention of any other remedy.

As I feel the responsibility incurred in advocating this mode of treatment, I naturally feel desirous that those who may be led to adopt it from what I have written on the subject, should do so in a proper manner.

I refer them, therefore, to the articles before designated, and will close by adding the following suggestions:

Give the quinine boldly, and continue it at intervals of four or five hours, until the pulse approaches the normal standard. I would advise that the first dose should not be less than 20 grains for an adult, if decided febrile action is present, to be repeated in doses of six to ten grains every four or five hours, until 40 grains are taken, if necessary, to reduce the

In such cases of gastro-enteric irritability, I would give the quinine *Hypodermically*; a method unknown to me when this article was written—in 1859,—O. F. M.

pulse. I would not advise more than 40 grains to be given in the first 24 hours. Less (say 30 grs.) will ordinarily suffice.

The medicine must be persisted in from day to day until the symptoms yield. I have been compelled to continue it in some cases for four or five days, but this has been very rarely necessary. Usually it will only be required in diminished doses after the first day of treatment—the rule being simply to *increase the dose according to the violence of the re-action.* It is my custom to *give the first dose during the latter hours of the night,* or very early in the morning, and to *precede it* by three or four hours with a full dose of calomel. The sulphate restrains the mercurial from exciting hypercatharsis; the calomel ~~resists~~^{assists} the sedative influence of the quinine, besides possessing other virtues unnecessary to repeat.

Give the quinine early and on the first night the patient is seen. Do not wait until the lungs are blocked up with blood—and above all, do not postpone it until that *final, fatal delirium* appears. The patient is then usually doomed. *Do not, however, despair even then*—for this treatment will sometime rescue him when hope has almost fled.

When the pulse is *below the normal standard, do not give* LARGE DOSES OF QUININE; the dose ought not to transcend three or four grains in four or five hours, nor should more than 12 or 15 grains be given in 24 hours, *watching closely its effects.* In *adynamia* small doses might depress too much.

Weigh your medicine carefully. I attach a doubtful value to the experience of any one who pursues the uncertain and reprehensible custom, too prevalent among physicians, of *guessing* at the doses of their medicines. The pauper, convict and jail-bird have all of their medicines weighed or measured. Surely the worthy and respectable recipients of our skill deserves no less care.

Mode of administering quinine I prefer to give it simply diffused in cool water. If this is impracticable, after being ground finely, it may be made into pills with syrup of gum arabic (U. S. Ph.), or placed in the capsules of lichen before mentioned, or mixed in coffee. I know no moderate quantity of this latter vehicle will interfere with the salutary action of the remedy, as Briquet (Op. cit. p. 306) erroneously supposes.

Be sure that your quinine is genuine. I use Powers' and Weightman's exclusively. The foreign articles in my hands have often failed.—*Virginia Medical Journal*. February, 1859.

